

EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION <small>This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.</small>		Charge Presented To: <input checked="" type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC		Agency(ies) Charge No(s): ED(H)(R) 0282-19 16D-2019-00292
New Hampshire Commission for Human Rights and EEOC <small>State or local Agency, if any</small>				
Name (indicate Mr., Ms., Mrs.) Jimmy Gedeon		Home Phone (Incl. Area Code) (603) 203-9981		Date of Birth
Street Address 120 Fisherville Road #172, Concord, NH 03303		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED AUG 16 2019 NH Commission for Human Rights </div>		
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)				
Name UNITED HEALTHCARE SERVICES OF MINNESOTA D/B/A UNITED HEALTHCARE SERVICES, INC.		No. Employees, Members 101 - 200		Phone No. (Include Area Code) (603) 629-7293
Street Address 14 Central Park Drive, Hooksett, NH 03106		City, State and ZIP Code		
Name UNITED HEALTHCARE SERVICES OF MINNESOTA		No. Employees, Members 101-200		Phone No. (Include Area Code) (800) 328-5979
Street Address UnitedHealth Group Center, 9900 Bren Road East, Minnetonka, MN, 55343		City, State and ZIP Code		
DISCRIMINATION BASED ON (Check appropriate box(es).) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> RACE</div> <div style="width: 50%;"><input type="checkbox"/> COLOR</div> <div style="width: 50%;"><input type="checkbox"/> SEX</div> <div style="width: 50%;"><input type="checkbox"/> RELIGION</div> <div style="width: 50%;"><input type="checkbox"/> NATIONAL ORIGIN</div> <div style="width: 50%;"><input checked="" type="checkbox"/> RETALIATION</div> <div style="width: 50%;"><input type="checkbox"/> AGE</div> <div style="width: 50%;"><input checked="" type="checkbox"/> DISABILITY</div> <div style="width: 50%;"><input type="checkbox"/> GENETIC INFORMATION</div> <div style="width: 50%;"><input checked="" type="checkbox"/> OTHER (Specify) RSA 354-A</div> </div>			DATE(S) DISCRIMINATION TOOK PLACE Earliest: 04-02-2018 Latest: 02-22-2019 <input type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): <ol style="list-style-type: none"> I identify as a person with disabilities. On September 29, 2014, I was hired as a Senior Client Service Representative with United HealthCare Services, Inc. On May 23, 2017, I was promoted to the position of Senior Business Analyst. I notified my employer of my disability in May 2017. On or around April 1, 2018, I notified my new manager, Nicole Washington, of my disability. Ms. Washington was hired in October 2017. Ms. Washington expressed her dislike of government protection for disabled employees. Additionally, Ms. Washington informed me of her negative experiences working with disabled employees and her belief that they manipulate the system. I informed Ms. Washington of my routine doctor appointments and submitted paperwork upon her request. 				
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures. I declare under penalty of perjury that the above is true and correct.		NOTARY - When necessary for State and Local Agency Requirements <div style="text-align: center;"> I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year) 8-16-19 </div>		
Date 8-16-19		Charging Party Signature 		

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Charge Presented To:

☒ FEPA☒ EEOC

Agency(ies) Charge No(s):

ED(H)(R) 0282-19**16D-2019-00292****16D-2019-00292****New Hampshire Commission for Human Rights**

and EEOC

State or local Agency, if any

10. Ms. Washington would harass me if I had to take time off for doctor's appointments.
11. When my disability became exacerbated, Ms. Washington stated I was responsible for managing my afterlife and on the hook if anything fell through regarding my responsibility to my job.
12. Ms. Washington's statements further exacerbated my disability.
13. Ms. Washington's harassment escalated each time I was ill as a result of my disability; she would find issues with my performance and belittle me in front of other employees.
14. I took medical leave for my disability in September 2018.
15. Upon my return to work, Ms. Washington's harassment continued.
16. On January 15, 2019, I filed a complaint with Human Resources Representative, Noreen Fitzgerald, regarding Ms. Washington's harassment.
17. I was informed by Human Resources Representative, Mallory Schwerr, that an investigation would take place.
18. During the investigation, Ms. Washington terminated my employment on February 22, 2019.
19. I assert I was discriminated against due to my disability, by way of harassment.
20. I further assert I was retaliated against for voicing my protected concerns, by way of termination, and that Ms. Washington aided and abetted the retaliation.
21. I have and continue to suffer damages, including but not limited to lost wages, lost earning capacity, lost employment benefits, emotional distress, humiliation, inconvenience, and loss of enjoyment of life. I seek all damages to which I am entitled.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the above is true and correct.

8-16-19

Date



Charging Party Signature

NOTARY - When necessary for State and Local Agency Requirements



I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT



SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
(month, day, year)

8/16/19

LOIS E. MONETTE

Justice of the Peace - New Hampshire
My Commission Expires May 4, 2022